

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL ADDRESS TO: MAIL STOP RCE P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/473,904
	Filing Date	December 28, 1999
	First Named Inventor	CHEE, M. ET AL.
	Group Art Unit	1639
	Examiner Name	FRIEND, H.F.
	Attorney Docket No.	A-67493-2RMS/DCF/KJC

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-captioned application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.	I hereby certify that this document is being deposited with the U.S. Postal Service with sufficient postage as first class main addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this <u>8/29/03</u> . Name: Marcus Bradford
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1. Submission required under 37 C.F.R. § 1.114

a.	<input type="checkbox"/>	Previously submitted
i.	<input type="checkbox"/>	Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered.)
ii.	<input type="checkbox"/>	Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
iii.	<input type="checkbox"/>	Other: _____
b.	<input checked="" type="checkbox"/>	Enclosed
i.	<input type="checkbox"/>	Amendment and Response to Final Office Action
ii.	<input type="checkbox"/>	Request for Extension of Time of Two Months
iii.	<input checked="" type="checkbox"/>	Form 1449 and Reference

2. Miscellaneous

a.	<input type="checkbox"/>	Suspension of action on the above-captioned application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed three months; Fee under 37 C.F.R. § 1.17(i) required.)
b.	<input type="checkbox"/>	Other: _____

3. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

a.	<input checked="" type="checkbox"/>	The Fees are calculated as follows:	AMOUNT	<input type="checkbox"/>	Large Entity	<input type="checkbox"/>	Small Entity
i.	<input checked="" type="checkbox"/>	RCE BASIC FEE	\$ 375.00		\$ 750.00		\$ 375.00
ii.	<input type="checkbox"/>	EXTENSION FEES	\$		\$		\$ 0
iii.	<input type="checkbox"/>	OTHER (MULTIPLE DEPENDENT CLAIMS (\$280) AND 2 EXTRA CLAIMS IN EXCESS OF 20 (\$36.00))	\$		\$		\$
b.	<input checked="" type="checkbox"/>	A check in the amount of \$750.00 is enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 50-2319 (Our Order No. 4692439-139/RMS/DCF/KJC)					
c.	<input type="checkbox"/>	The Commissioner is hereby authorized to charge the fees as indicated above, charge any variance or credit any overpayments, to Deposit Account No. _____					

SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	David C. Foster, Reg. No. 44,685 for Robin Silva Reg. No. 38304 Customer No. 32940		Registration No.	
Signature	<i>David C. Foster</i>	Date	8/29/2003	